



# APPLICATION FOR THE CERTIFIED PUBLIC ACCOUNTANT EXAMINATION

KENTUCKY STATE BOARD OF ACCOUNTANCY

332 W. Broadway, #310

Louisville, KY 40202

<http://cpa.ky.gov>

(502) 595-3037

*Print in ink or type*

☐ Ms.  
☐ Mr. LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_  
Name exactly as it appears on your Driver's License, State Issued Identification, or Passport

Address \_\_\_\_\_  
Street (MUST BE A KENTUCKY STREET MAILING ADDRESS) City State Zip

Daytime Phone Number ( ) \_\_\_\_\_ Secondary Phone Number ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YY) SS/Fed ID.# \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ Email \_\_\_\_\_

## INSTRUCTIONS:

1. Provide all information requested above and answer all questions on the following pages. Failure to provide all information or answer any question will result in your application being returned. You must have a Kentucky street mailing address in order to sit for the CPA Examination as a Kentucky candidate. You must provide both a primary and secondary telephone number. This is necessary in case a problem exists at the testing center, which would require that they contact you regarding your scheduled testing time.
2. Submit only **official** college transcript(s). Official transcript(s) must bear the institution's seal and/or the registrar's signature in colored ink. The transcript(s) must clearly show: 1) 150 semester hours earned, 2) an awarded degree and the date of award, and 3) a concentration in accounting. A concentration in accounting means a minimum of 39 semester hours in business related subjects of which 27 semester hours are in accounting subjects. A quarter hour is equal to 66/100ths of a semester hour. Business related subjects means courses that contain in the course prefix or title an indication that the course subject matter is one of the following: business, finance, marketing, management, economics, computers, statistics, or accounting. Transcripts from a post secondary educational institution outside the United States must be certified by a credentialing agency that is a member of the National Association of Credential Evaluation Services, Inc. A list of those agencies are available from the Board office or at <http://cpa.ky.gov>
3. Submit a check or money order payable to the **Kentucky State Board of Accountancy** in the appropriate amount. This amount must include the application fee and the fee for each section of the examination you are applying to take.
4. Candidates must bring a state driver's license or a picture identification card issued by a state motor vehicle licensing agency or a passport to the testing center. The license or picture identification card must be currently in effect and contain a photograph and signature. Failure to bring this document to the testing center will prohibit the candidate from sitting for the examination.

## FOR BOARD USE ONLY

State ID # _____	Rec'd \$ _____	Status _____	ADA _____
Accounting Hours _____	Business Hours _____	Semester Hours _____	
School Code _____	Degree _____	Date Awarded _____	

APPLICATION APPROVED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

**Answer each of the following questions by inserting a “yes” or “no” where appropriate. Failure to answer a question will result in the application being returned to you.**

1. Are you a legal resident of Kentucky? \_\_\_\_ If no, which state? \_\_\_\_\_
2. Have you ever changed your name? \_\_\_\_ If yes, list prior names. \_\_\_\_\_
3. Have you ever taken or previously applied to take any part of the paper and pencil or computer based CPA exam in this state or any other state? \_\_\_\_ . If yes, indicate the state(s) and the exam date(s). \_\_\_\_\_
4. Have you ever been denied admission to the paper and pencil or computer based CPA examination in this state or any other state? \_\_\_\_ If yes, attach a letter explaining the reason, date, and name of the state.
5. Have you ever been convicted, plead guilty or no contest to any state/federal felony or misdemeanor charge, other than a minor traffic violation? \_\_\_\_ If yes, attach a copy of the Judgment, Sentence of Conviction, and a letter of explanation.
6. Has disciplinary action ever been taken against any professional license you have held or currently hold in this state or another state? \_\_\_\_ If yes, enclose a copy of the action taken and a letter from you describing the circumstances associated with the action.
7. List the name(s) of the college(s) from which a transcript(s) will be included with this exam application: \_\_\_\_\_
8. The Kentucky State Board of Accountancy complies with the Americans with Disabilities Act of 1990. To ensure equal opportunity for all qualified persons, the Board will make reasonable modifications to the administration of the exam for candidates with disabilities.  
Do you require reasonable modifications to the administration of the exam because of a disability? \_\_\_\_ If yes, provide the following information on a separate sheet:
  - a. Identify the disability that limits one or more of you major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing)
  - b. Describe the modifications needed.
  - c. Written documentation from an appropriate health care professional who includes a diagnosis of your disability and a specific recommendation and justification for the testing accommodations you require. This documentation must be included with the application. The Board will not be responsible for any costs necessary to obtain the required diagnosis and recommendation. However, it will be responsible for any necessary and reasonable accommodations.

**SECTIONS TO BE EXAMINED:** Check all that apply:  
(Note that you may apply to sit for one or more sections at a time.)

\_\_\_\_\_ \$30 Auditing and Attestation (AUD)  
\_\_\_\_\_ \$30 Financial Accounting and Reporting (FAR)  
\_\_\_\_\_ \$30 Regulation (REG)  
\_\_\_\_\_ \$30 Business Environment and Concepts (BEC)  
\_\_\_\_\_ \$30 Application Fee (Required)

\$\_\_\_\_\_ Total Enclosed

Submit a check or money order payable to the **Kentucky State Board of Accountancy**.

Once your application has been approved, the Board will send an Authorization to Test to NASBA. NASBA will then send you an invoice for the fees charged by NASBA, the AICPA and Prometric to sit for the exam. This invoice must be paid within 90 days. Once payment for the invoice is received, a Notice to Schedule will be sent to you from NASBA. It will then be your responsibility to contact the testing center to schedule a date and time for the exam. The Notice to Schedule is valid for 6-months from the date of issuance. If you fail to schedule a date for your exam within the 6-month period, your Notice to Schedule will expire and a re-examination application must be filed to sit for the exam.

### APPLICANT CERTIFICATION

I hereby apply for approval to sit for the Certified Public Accountant (CPA) Examination in conformity with the Accountancy Law and Regulations of the Commonwealth of Kentucky. I certify that all the information is true and correct. I have submitted statements and documentary evidence as required. In addition, I have enclosed a check or money order for the examination fees, made payable to the Kentucky State Board of Accountancy. I have read and agree to abide by the applicable laws and administrative regulations.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### NOTARY CERTIFICATION

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

I certify this application was subscribed and sworn to before me by \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_.

Notary Signature \_\_\_\_\_

My commission expires on \_\_\_\_\_

**FOR BOARD USE ONLY**